

Department of Agriculture, Trade and Consumer Protection

Motor Vehicle Repair

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisements, lease documents, telephone bills.

1. How do we contact you?						
Name: (Mr. Mrs. Miss Ms.)						
(circle one) Phone: Home () Wo	<i>(first)</i> ork ()	<i>(middle)</i> ext.		(last)		
Phone me between 8:00 A.M. and 4:00 P.M.						
Address:		Apt.#:	PO Box: _			
City:	State:	Zip:	County:			
2. What business is your complaint against?						
Name of business or repair shop:						
Address:		Ste.#:	PO Box: _			
City:		Zip:				
Name of	person					
Phone: () you tall	ked to:		Title:			
Information about your complaint			V			
		Day:				
		Model:				
		1 10401.				
6. At the time of the repair, was the vehicle						
7. How did you deliver your vehicle to the	_		_			
8. What repairs did you ask the shop to do						
9. Were instructions written on the original repair order?Yes 🗆 No						
10. How did you first order the repairs?] By telephone	☐ In person	, by speaking to a	shop representative		
] By written instr	ructions \square Other, ex	plain			
11. Did you receive a price estimate before t	he work was start	ted?	•••••	Yes □ No□		
If yes: List amount of estimate \$ Was it written on the original repair order?Yes 🗆 No						
Did you sign the estimate	section of the re	epair order?	•••••	Yes □ No□		
12. Did you receive a copy of the original re	pair order before	e repairs were started?	(enclose copy if availa	ble)Yes ☐ No☐		
13. Were additional repairs performed?	•••••	•••••	•••••	Yes □ No□		
If yes: List the additional repairs						
Did the shop provide a n						
Did you approve the add	ed repairs?Yes	\Box No \Box If yes, did ye	ou approve? \square By	phone \square In person		
14. In your opinion, did the shop: Force you	u to pay for repa	irs that were done wit	hout your permiss	ion?Yes □ No□		
Recommend repairs that were not i	needed? Yes 🗌 N	lo \square Make repairs v	vithout permission?	?Yes □ No□		
Fail to return replaced parts upon	request?Yes 🗌 N	No \square Charge for rep	airs that were not	made?Yes □ No□		
Charge for repairs that were not no	eeded?Yes 🗆 N	No \square Refuse to hono	or a written guaran	itee?Yes □ No□		
Fail to perform the repairs in a sati	sfactory manner?		•••••	Yes □ No□		
15. Was the final repair bill (excluding sales	tax and towing) n	nore than the amount	you authorized?	Yes □ No□		

16.	List the amount of the final repair bill	: \$	(excluding sales tax and towing)		
17. When repairs were finished, did you receive a final invoice itemizing the parts				and labor? (enclose copy)Yes ☐ No☐	
18.	Did you contact the business about your complaint?	Yes No	When?	What happened?	
19.	Have you filed this complaint with another agency?	Yes No	Agency name?	What happened?	
20.	Have you contacted a private attorney?	Yes No	Have you started court action?	Yes No	
21.	Describe your complaint in detail. (Pl of payment, warranties.) Attach additi	-		uding the invoices, contracts, proof	
22.	How do you feel your complaint shou	ld be resolved? (ple	ease be specific)		
sha	s complaint and the information you red with the party complained against. cords Law, this complaint will be availal	It may also be us	sed to enforce applicable	state laws. Under Wisconsin's Open	
The	e above information is true and accurat	e to the best of my	y knowledge.		
Yo	ur signature:			Date:	
ь.					

Return this form and two copies of your papers to:

BUREAU of CONSUMER PROTECTION
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911

Toll-free in WI: (800) 422-7128

EMAIL: DATCPHotline@Wisconsin.gov (608) 224-4976 FAX: (608) 224-4939

FAX: (608) 224-4939 TDD: (608) 224-5058

WEBSITE: www.datcp.state.wi.us